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"Humankind has not woven the web of life. We are but one thread within it. Whatever we do to the web, we do to ourselves. All things are bound together. All things connect." — Chief Seattle, 1854

A Quarterly Newsletter ■ A Multi-Agency Alcohol and Substance Abuse Prevention Collaboration

Strengthening Federal-Tribal Partnerships

INSIDE

Perspectives From SAMHSA Regional Administrators

SAMHSA's leadership team includes Regional Administrators (RAs) in each of the 10 Department of Health and Human Services (HHS) Regions. In their work to advance SAMHSA's mission and implement its strategic vision, RAs develop and lead collaborations to improve the delivery of behavioral health services. They are a critical part of SAMHSA's communication, connection, and collaboration with regional, state, and local communities. Because RAs are engaged with community partnerships, Prevention & Recovery asked two—Dr. Jon T. Perez of Region IX and Dr. Charles Smith of Region VIII—for their perspectives on strengthening tribal-federal partnerships to address substance use, abuse, and dependency.

The Value of Partnerships

Both Dr. Perez and Dr. Smith emphasize the complexity of substance use, abuse, and addiction and the need to address the problem with holistic and integrated programs. Such programs ensure safe and stable housing; enhance connections to positive and healthy communities (families, employers, friends, and extended communities); and support jobs (or education for young people), activities, and a sense of purpose.

"Multiple agencies have roles to play and resources to share," says Dr. Perez. "In my experience, trying to tackle substance abuse alone is simply not effective because no single agency has all the resources necessary to effect useful change," he says.

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Director's Corner

Rod Robinson
Northern Cheyenne
Director, Office
of Indian Alcohol
and Substance Abuse,
SAMHSA

Greetings all my relatives!

The theme for the spring issue of the Prevention and Recovery newsletter is "How to Strengthen Tribal-Federal Partnerships", with the intent being to more effectively address substance use, abuse, and dependency".

There is so much happening today in such a fast-paced hectic manner that it is difficult to make the time to think about who we can partner with to increase the effectiveness of our efforts and to improve the outcomes for those we serve. Often, we think it is just easier and quicker to "do it myself", but later realize, "I wish I would have taken the time to include partners, as had I, things would have worked out so much better."

It is never too late to start! In fact, rather than waiting for someone else to be the change agent and get the ball rolling, why not take a risk and be the one to begin proactively creating partnerships that will have the necessary momentum when opportunity comes around the corner, rather than waiting until we have to react to a situation?

In Indian Country, we are all painfully aware of how substance use, abuse, and dependency contribute so heavily to health concerns, crime and violence issues, child abuse and neglect, domestic abuse, suicide fatalities, etc. When we look at the overwhelming results stemming from alcohol and drug use, it is easy to slip into a feeling of hopelessness, thinking nothing will ever change. Well the truth of the matter is, "if nothing changes, then nothing will change".

In this issue and last issue you will read about the many people and communities in Indian Country that refuse to give up or give in to hopelessness. These champions and healers in our communities need our support. It is the time to start thinking about and looking for others that want healthy change to occur in our community? Are you that one person who will begin a process for change that could help one person or an entire community?

The following are some helpful hints to consider when building partnerships for change;

- Perspective – are we able to identify the root cause or real issue(s)?
- Passion – do we have that deep down belief that serving others is worth the effort?
- Principled – are we willing to do only the right thing for the right reason(s)?
- Persistent – are we willing to go the distance needed to see change happen?
- Patient – am I able to allow others to change at their own pace?
- Professional – am I giving my best effort, without forcing change?
- Performance-based – as a tribe are we willing to measure our efforts to ensure that we are on the right track to helping our communities in the most effective way possible?

In closing, a wise person once said, "Be the Change that you Wish to see in the World".

Peace and safe travels.

Steven D. Whitehorn, Public Health Advisor, Indian Health Service

Steven D. Whitehorn

The Office of Clinical and Preventive Services' Division of Behavioral Health, Indian Health Service is pleased to announce their newest team member, Steven D. Whitehorn. He will serve as a Public Health Advisor working on the Methamphetamine and Suicide Prevention Initiative.

Whitehorn is Ponca, Otoe Missouri, and an enrolled member of the Muscogee "Creek" Nation. He earned a Masters of Social Work from Western Carolina University and is a board certified Licensed Clinical Social Worker (LCSW) and Licensed Clinical Addiction Associate (LCASA). In addition to his licensures, he holds certifications in Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Parent Child Interaction Therapy (PCIT).

Whitehorn has worked in American Indian and Alaskan Native (AI/AN) communities with a primary focus on substance abuse, suicide, and children's trauma. Away from work, he enjoys spending time with his family in activities such as camping, hiking, cycling, and kayaking.

ANNOUNCING AN UPDATED TRAINING CURRICULUM

Will They Turn You Into a Zombie?
What Clinicians Need to Know about Synthetic Drugs (2nd Edition)

The purpose of this introductory educational training presentation is to provide clinicians from a variety of work and educational backgrounds (including, but not limited to physicians, dentists, nurses, other allied medical staff, therapists and social workers, counselors, specialists, and case managers working in substance use disorders, mental health, and other health-related settings) with a detailed overview of synthetic drugs, most notably synthetic cannabinoids and synthetic cathinones (known on the street as K2, Spice, and Bath Salts). The curriculum defines key terms, describes the effects and neurobioligy impact of the main classes of synthetic drugs commonly available, presents available data on the extent of use in the United States, provides information on identifying and assessing individuals who are using synthetic drugs, and concludes with some clinical implications of synthetic drug use. The duration of the presentation is approximately 3-3 ½ hours.

What Does the Training Package Contain?

▶ Training Slides (PPT) ▶ Trainer Guide (PDF) ▶ Synthetic Drugs Reference List (PDF)

To view and download the full tracking package, please visit:
http://www.uclaisap.org/slides/synthetic-drug-training-package.html

"Collaboration among federal agencies has increased. SAMHSA has a regional presence and collaborates with HHS agencies and other federal departments (e.g., Housing and Urban Development, Agriculture, Labor, and Social Security Administration) on initiatives that take holistic approaches to addressing substance use," says Dr. Smith. "Such collaborations enhance innovation and creativity, allow agencies to coordinate resources to meet a single aim, and help local communities see a way to bridge federal and other resources," he says.

Partnerships between federal agencies and tribal communities can build on existing agency collaborations. There is no single approach to developing tribal-federal partnerships, according to Dr. Smith. "Having an ongoing relationship with the RA beyond the annual consultation is of great value. These relationships are built on trust and a good understanding of what regional HHS agencies can do to addresses the tribe's needs," he says.

A good example is an ongoing partnership among federal agencies and tribes in Region VIII to address prescription drug abuse. The regional pharmacy consultant and behavioral health liaison from the Health Resources and Services Administration and the SAMHSA RA (Dr. Smith) are working with the Great Plains Area Indian Health Service to develop clinical protocols that address chronic pain as well as an overall strategy for reducing prescription drug abuse. Great Plains works with their tribal communities to help incorporate these protocols and approaches into individual tribal strategies to address the problem.

Assessing and Strengthening Partnerships

Strong tribal-federal partnerships can help communities reduce substance use, abuse, and addiction, but how do those involved know when the relationships are working well? Dr. Perez notes that a high level of participation, engagement, and activity usually accompanies successful partnerships. Although there is no standard way to measure partnership success, it is important for all key members—including people whose lives are influenced by collaborative efforts—to examine these relationships continuously over time, Dr. Smith emphasizes.

"We need quantitative measures as well as qualitative evaluations from key members of a partnership to assess the degree of connectivity, value, and change," he says.

It is also critical to evaluate whether the partnership's goal is addressing the needs of the community and corresponds to the investments made, he adds. Strengthening partnerships may entail changing the overall goal, focus/initiatives, or the individuals involved to better match the needs of the community. Dr. Perez adds that partners should derive direct benefits from their collaborative efforts.

Affordable Care Act Important

The goal of tribal-federal partnerships is to improve the overall health of communities. That can seem like a huge task, and forming partnerships is a significant first step because it acknowledges that one agency, group, or individual cannot do it alone. "Leaders often need help asking for help," says Dr. Smith. He stresses that RAs are available to assist tribal leaders in identifying needs, developing strategies to address substance use, and forging commitments.

"Tribal memberships create their own destiny, but RAs can help tribes gain access to all HHS resources. Tribal action plans provide a structure to help communities address substance use. They are a vehicle for identifying a community's particular needs and resources for improving overall health—and reducing substance use is a big part of that," he says.

The resources for communities to strengthen their overall health—and importantly, for substance use prevention and treatment—have expanded considerably. "I believe the Affordable Care Act is the single most important and positive change in the substance abuse prevention and treatment field in a generation," Dr. Perez says. "That coverage, along with promoting a greater ability to bill and be reimbursed for prevention and treatment services, could hold great promise for increasing resources for tribes and tribal communities," he adds. Dr. Perez explains that the Affordable Care Act expands insurance options for all tribal members, who can access off-reservation programs directly using insurance resources that were not previously available. Now, reimbursable prevention services offer much better access for everyone, and he stresses the importance of getting all tribal members covered. "There are now too many options and too many benefits for everyone not to be covered," he says.

> "Forming Partnerships is a significant first step because it acknowledges that one agency, group, or individual cannot do it alone."

Seeing Changes in Communities

Although people have differing perceptions of change, Dr. Smith says he has observed several changes during more than two decades in the behavioral health field. "There is a different set of ears listening to tribal communities now, with a desire to address substance use with a fresh approach," he says. More generally, people recognize that substance abuse, addiction, and mental health problems are public health concerns for all communities and are more willing to talk about them. The voice of youth is also stronger than it has been in the past.

The key to making immediate and long-term changes is a true and lasting commitment to addressing an issue, says Dr. Smith. Part of maintaining a community commitment that has lasting impact is strong leadership—which involves multiple roles, consensus building, taking in the perspectives of all community members and representing them to others, and creating an infrastructure for the long-term commitment. Strong partnerships grow from this commitment. "A fortifying commitment positions communities to coordinate and collaborate with others to address the issue," he says.

Essentially, tribal-federal partnerships are about good people with a common mission coming together to do great work. These critical collaborations benefit from the unique knowledge and experience that different participants bring—strengthening efforts to address substance use, abuse, and addiction and improving the overall health of tribal communities.

Juanita Mendoza — A Voice for Native Children

Juanita M. Mendoza

Juanita M. Mendoza, a program analyst in the Policy, Evaluation and Post-Secondary Education at the Bureau of Indian Education (BIE), is a committed voice for Native American children. She has been working in Indian affairs and tribal issues for more than 20 years and has comprehensive knowledge of tribal government structure and organization, tribal consultation directives, Native American laws, and policies and regulations. Her knowledge is a proven asset with the BIE and with inter-agency work groups, where she represents the Department of the Interior.

As the primary post-secondary contact at BIE, Mendoza works with tribal colleges and universities, helping them gain access to resources at the Department of Interior. She also meets with schools and tribal constituents regarding education laws, regulations and departmental policies, and graduate programs for tribal scholarships and fellowships.

Mendoza also focuses on policy issues. She has worked with experts in the field to help develop and process BIE polices that required review and vetting. She was actively involved in drafting several polices for the agency, including policies regarding student suicide prevention, intervention, and post-intervention; addressing and responding to sexual violence, dating violence, and stalking on BIE post-secondary institution campuses; zero-tolerance for fire arms and other weapons; and the prohibiting alcohol, drugs and tobacco at BIE schools.

In addition to her BIE policy work, Mendoza engages in numerous federal partnership initiatives, which include serving as the chair of the federally-mandated Tribal Law and Order Act Native Youth and Educational Service interagency working group. There, she led the development of a comprehensive listing of education resources across federal agencies that are available to tribes, noting gaps in the system and a lack of communication across agencies.

She also serves as the lead representative for a Department of the Interior (DOI) memorandum of understanding initiative, which serves to advance the opportunities for tribal colleges to access and obtain valuable DOI bureau resources. Mendoza also serves as the BIE representative on the Task Force on AI/AN Children Exposed to Violence Federal Working Group, and the OIASA Prevention & Recovery newsletter work group, a multi-agency alcohol and substance abuse prevention collaboration.

Prior to working at the BIE, Mendoza served as an advocate for tribal clients. She has also worked at several federal agencies in the Washington, D.C., area, the Indian Health Service and the D.C. National Indian Gaming Commission.

Mendoza received her education at the University of Maryland where she earned her bachelor's in anthropology, and a master's in management with an emphasis in health care administration at the University of Maryland, University College. While attending the University of Maryland, Juanita served as the President and Vice President of the Native American Student Union.

Drug-Free Communities Funds Help Chariho Tri-Town Task Force Substance Use Prevention Efforts

The Office of National Drug Control Policy's Drug-Free Communities (DFC) Support Program funds community coalitions that prevent youth substance use. The primary purpose of the DFC Program is to establish and strengthen collaboration among communities; and reduce substance use among youth.

Community coalitions that receive DFC funding bring together multiple sectors of the community to address youth substance use, including youth, parents, business, media, law enforcement, health care professionals, religious organizations, youth serving organizations, state/local government, schools, and others. The philosophy behind the DFC Program is that local drug problems require local solutions.

Chariho Tri-Town Substance Use Task Force collaborates with the Narragansett Tribe on programs and projects that address youth substance abuse with support from Drug Free Communities.

Among DFC coalitions engaging tribal communities in prevention work is the Chariho Tri-Town Task Force on Substance Abuse Prevention in Wyoming, Rhode Island. The Chariho Tri-Town Task Force has used DFC support to develop and enhance a number of programs and projects, especially in collaboration with the Narragansett Tribal Community.

The Task Force works closely with the Narragansett Tribal Police Department, including engaging a representative to serve as a

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Drug-Free Communities Funds Help Chariho Tri-Town Task Force Efforts for Substance Use Prevention (continued from page 4)

coalition sector member. The Task Force has established an effective link with the Narragansett Tribe, providing substance use prevention materials for the Tribe's recent "I Am Sacred" health fair; developing a brochure that distinguishes between unhealthy tobacco use and the use of tobacco in tribal ceremonies; and supporting the Narragansett Tribal Police in preventing underage alcohol use at powwows.

The Task Force is encouraged by the opportunities to help educate tribal youth on substance use and support the community as they work to reduce substance use.

For more information on the Chariho Tri-Town Task Force, visit www.charihotaskforce.com. Tribal communities interested in learning more about the DFC Program should visit ONDCP's DFC webpage at http://www.whitehouse.gov/ondcp/Drug-Free-Communities-Support-Program.

The Eastern Band of Cherokee Indians Employ Juvenile Justice Treatment Continuum

With the support of a four-year Tribal Youth Program grant from the Office of Juvenile Justice and Delinquency Prevention, the Eastern Band of Cherokee Indian (EBCI) Tribe has employed the Juvenile Justice Treatment Continuum (JJTC). This system addresses delinquency utilizing a multi-agency team approach, comprehensive clinical services, joint management and supervision structure, and an online integrated database to monitor processes and track outcomes.

The JJTC is a process framework for service delivery and a very specific structure for practice change and improvement for agencies involved in the care and supervision of juvenile justice involved youth. Services include evidence-based programs, which incorporate structure, oversight, and multiple service types spanning across three primary areas: juvenile justice supervision, restorative community service, and behavioral health treatment.

At the heart of the JJTC design is the multi-agency staffing team, a partnership of agency staff who collaborate and share in the supervision and treatment of youth. Comprised of direct service personnel from partnering agencies, the team is directly accountable to the court and to the judge-led supervisory team. The continuum drives the work of the staffing team to:

1. Develop and support community service projects that provide opportunities to give back to the community, create relationships, and build self-esteem;
2. Create and strengthen relationships within families;
3. Attend and participate together in child and family teams;
4. Address out-of-school suspension periods creatively so that youth are not unsupervised and can continue to meet educational and treatment goals;
5. Design and maintain treatment goals that address risk and protective factors to support the youth in avoiding future involvement with the court system; and, critically,
6. Respond to crisis situations in home, school and community settings.

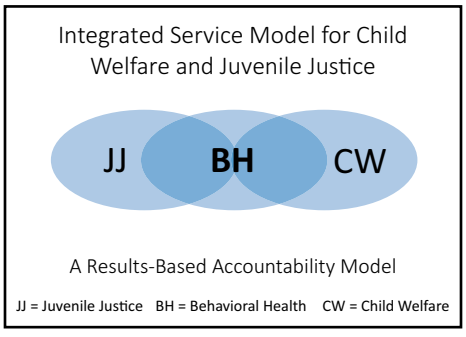
The JJTC is dependent on collaboration and support of multiple agencies and resources. Written agreements and incorporation of the JJTC processes into formal processes and procedures of the individual agencies allow for this mutual support and create the long-term sustainability of the model.

Since January 2010, the EBCI JJTC project has had promising results, serving approximately 200 youth. Of those youth, 70 percent have maintained a satisfactory completion rate, which is defined as youth and families meeting the requirements of the court or the diversion contract, including those established in the JJTC services contract.

Recidivism for JJTC youth has dropped dramatically since the beginning of the JJTC project. The baseline rate for recidivism was 42 percent in 2010; these are youth who, after exiting the Juvenile Services system, but still under the age of 18, had new delinquent charges. Since the first year of implementation, the delinquent recidivism rate has averaged 13 percent (years 2011, 2012 and 2013).

Based on their success with the Juvenile Justice Treatment Continuum approach to Juvenile Services, the EBCI now intends to base their child welfare program on this model, integrating behavioral health staff with child protective services and foster care. The Tribe will use a results-based accountability structure that will involve other programs such as the schools, law enforcement, and hospitals in developing strategies and associated performance measures specific to child welfare involved families.

The EBCI has attained a Title I-VE planning grant and, with other grant dollars, will expand the Integrated Shared Information System (ISIS) to monitor the progress of children and families through an integrated child welfare model modified to the specific needs and challenges of children and youth involved in child protective services.



Suicide Prevention: A Culture-Based Approach in Indian Country

Clayton Small, PhD

"Why are you still holding on to the past? It's been a long time ago!"

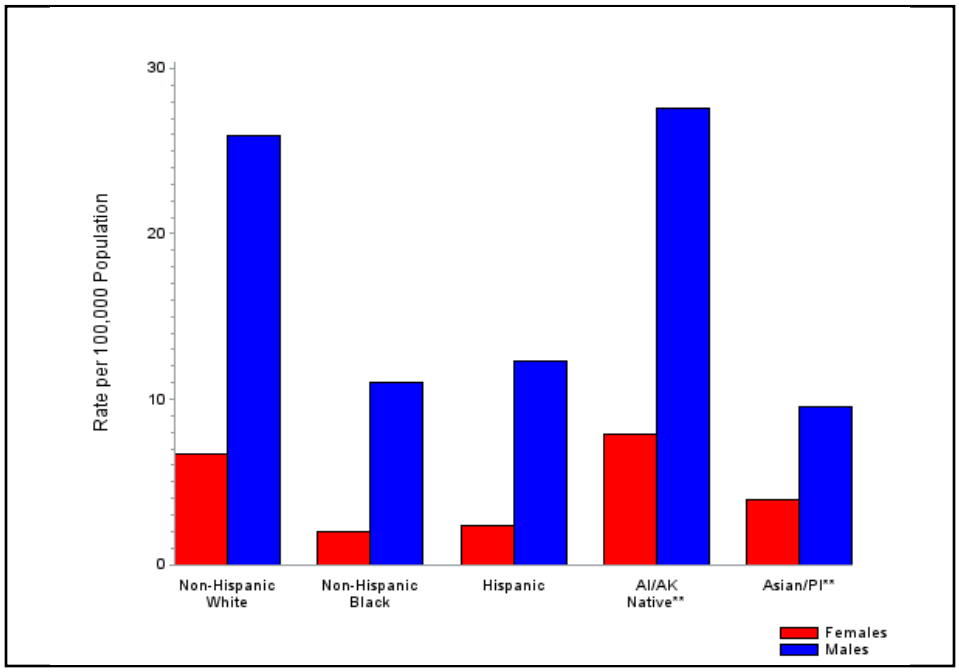
Most American Indian–Alaska Native (AI/AN) people, upon hearing this from a non-Indian say to themselves, "Where do I begin, and how do I help you understand?!" This cultural divide is very real and is caused by misunderstanding, lack of knowledge, denial, and unwillingness to hear the truth.

People, for the most part, are capable of forgetting and forgiving after a traumatic experience. Unfortunately, many AI/AN people continue to experience colonization, racism, and stereotyping. Despite the efforts of some healing movements in Indian country, the devastation of losing their land, violation of their culture, and broken promises by the government continues to affect the daily lives of Native people and persists in creating a feeling of mistrust, betrayal, and doubt.

Because of these experiences, AI/AN individuals struggle with healing challenges that run deep, resulting in unhealthy behaviors that are passed on to the next generation. Ongoing traumatic incidents for AI/AN people result in unhealthy coping, which leads to tremendous health disparities for many Natives. Among AI/AN men, for example, disparities are rooted in historical trauma, racism, impact of colonization, loss of traditional roles, loss of connections to cultural ceremonies and spirituality, poverty, and unemployment.

Increased Risk for Suicide

Death rates among AI/AN populations are nearly 50 percent greater than those of non-Hispanic whites (Centers for Disease Control [CDC], 2014). For AI/AN youth, suicide fatalities and related risk factors––including substance abuse, violence and bullying, coping with trauma, and depression––have reached a crisis point. According to CDC, suicide rates were nearly 50 percent higher for AI/AN people compared with non-Hispanic whites, and they were more frequent among AI/AN males and persons younger than age 25. CDC concluded that patterns of mortality are strongly influenced by the high incidence of diabetes, smoking prevalence, problem drinking, and health-harming social determinants.



Suicide Rates* Among Persons Ages 10 Years and Older, by Race/Ethnicity and Sex, United States, 2005–2009

Health Disparities Worsening

In May 2013, the Men's Health Network, in cooperation with the Office of Minority Health and Indian Health Services, developed a report, "A Vision for Wellness and Health Equity for American Indian and Alaska Native Boys and Men", to raise awareness of the growing health disparities among AI/AN males in the United States.

The report suggests that health disparities among AI/AN men compared with women and all other U.S. racial and ethnic groups are extreme and that the situation is worsening.

For example, the CDC reports that AI/AN males experience death rates 2 to 5 times greater than AI/AN females for suicide, HIV/AIDS, homicide, unintentional injuries, diabetes, firearm injury, and alcohol-related deaths. For cancer, heart disease, and liver disease, AI/AN males experience death rates 10 percent to 50 percent higher than AI/AN females (CDC, 2014).

Barnes, Adams, and Powell-Griner (2010) documented that, overall, AI/AN males experience greater disparities in health status and general well-being than any other group by race and gender. In their survey, AI/AN males indicated often feeling "hopeless" and "worthless," thus highlighting the tragic and disturbing state of all disparities, including the extremely high rates of suicide among AI/AN males for the age groups ranging from adolescents to mid-life.

These contributing social factors in Indian Country are a call to action by tribal leaders and federal agencies to take a more assertive approach in public health prevention, intervention, and treatment of health disparities among Native populations in the United States.

More research and approaches are needed for AI/AN men that will validate the causes of the health disparities and lead to appropriate interventions. President Obama's White House initiative, "My Brother's Keeper" (http://www.whitehouse.gov/my-brothers-keeper), has potential to meet these needs for AI/AN men.

A beginning would be to fund a national AI/AN men's resource and training center that could provide awareness, technical assistance, and training for AI/AN males throughout Indian Country, as well as assist in the development and implementation of programs for AI/AN men at the reservation and urban community level.

In an effort to address some of the problems facing AI/AN people, Native PRIDE, a national

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AI/AN nonprofit organization based in New Mexico (www.nativeprideus.org), has developed two curricula: Native HOPE (Helping Our People Endure) and the "Good Road of Life: Responsible Fatherhood" programs.

Native HOPE

Native HOPE is a suicide prevention, peer-counseling curriculum (youth helping youth) that addresses suicide prevention, violence prevention, stress and trauma, and depression. Clayton Small, PhD (Northern Cheyenne), created this curriculum in 2004 when he realized that most suicide prevention programs provided education and awareness but did not incorporate culture- and strength-based approaches or integrate healing into the process. The interactive Native HOPE curriculum allows AI/AN people to address serious health and wellness challenges while having fun learning.

The curriculum is delivered to approximately 2,000 youth per year in school and community settings throughout Indian Country. It consists of a one-day training-of-trainers session for local teachers, counselors, mental health professionals, substance abuse counselors, social workers, spiritual and traditional healers. They practice being a clan leader and assist Dr. Small in conducting a three-day training with youth. This team walks through the program, practices skills in group process and facilitation, and is present during the three days. This builds the capacity of the team to replicate the training with other youth. The process moves fluidly from the large group to small clan groups. The adult-youth ratio is one adult to six to eight youth in the clan groups. The youth know immediately that this is a cultural gathering because of the use of prayer, humor, songs, dances, artwork, and medicines such as cedar, sage, and sweet grass.

The youth and adults are challenged to share their tribal-specific culture during the three-day retreat, and evening activities are encouraged, such as talking circles (support groups), sweat lodge, and social dances. A Spirit Room is created where youth can have one-to-one conversations with counselors anytime during the three days.

The adult team conducts a debriefing session at the end of each day to review progress and identify at-risk behavior that needs immediate follow-up, for example, suicide, violence, or abuse and neglect. Great care is taken to create a safe environment for the youth to quickly feel comfortable in an atmosphere where a sense of belonging is maintained.

During the program, youth share openly and honestly about their life, family, and community in the clan groups and large group activities. On the third day, the youth develop a strategic action plan for follow-up activities. This includes organizing a youth council that conducts ongoing prevention and leadership activities; conducting fundraising and sponsoring talking circles (support groups); conducting presentations to the school board, tribal council, and parent groups; and conducting peer-to-peer messages (role playing). This process is effective and validates that working with AI/AN youth requires a comprehensive cultural approach that incorporates wellness and healing.

The Native HOPE curriculum is endorsed by the Indian Health Services and SAMHSA as an effective culture-based prevention program.

Good Road of Life: Responsible Fatherhood

The "Good Road of Life: Responsible Fatherhood" is a culture-based curriculum that uses sources of strength such as spirituality, humor, and healing to assist Native men and their family members to address the impact of colonization, trauma, racism, and other challenges that threaten the well-being of children and families. The program was funded by the Administration for Native Americans (ANA) to develop, field-test, and make available their culture- and strengths-based curriculum to AI/AN men, women, and families for four years (2008–2012).

The "Good Road of Life: Responsible Fatherhood" program is based upon the doctoral dissertation study of Clayton Small (Northern Cheyenne) and was completed in 1996 at Gonzaga University (Spokane, Washington). It addresses challenges in wellness and recovery for AI/AN men. This ANA project was implemented by Native PRIDE, who delivered 10 trainings in five tribal communities, reaching 895 Native men, women, and family members.

The Good Road of Life: Responsible Fatherhood curriculum helps address issues that threaten the well-being of children and families.

Pre- and post-tests of AI/AN male participants indicated enlightened self-awareness of the relationships with their own fathers and families and learning the process of "letting go" (healing), communication skills, and forgiveness. The ANA currently funds "Responsible Fatherhood" programs to AI/AN tribes and organizations; however, it is not enough to meet the tremendous need to intervene with AI/AN men to help address their personal wellness challenges, to eliminate domestic violence, the incarceration of AI/AN males and to promote increased quality family time and family preservation.

Men with depression and suicide issues, substance abuse, or domestic violence issues were referred for support and counseling. Participants made commitments to complete follow-up homework, such as joining talking circles (support groups), exploring spirituality and sources of strength, researching family history (behaviors), forgiving parents, and increasing quality family time.

Participants worked in a peer-counseling (adults helping adults) approach with at least one other adult from their community. Several tribal colleges, substance abuse programs, social services programs, and mental health programs are integrating the Good Road of Life into their work with clients. As a result of this project, Native families have more involved spouses, fathers, sons, and brothers who can draw upon sources of cultural strength, as well as benefit from other men who are a positive role model for their communities.

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Next Steps

It is essential for prevention trainings to incorporate interactive humor as a means to create a safe place for learning, address serious risk factors, and promote healing in the context of utilizing culture and spirituality. Federal agencies are beginning to acknowledge this learning process for Native populations and endorse culture-based approaches more so than in the past.

More funding is also needed for Native communities to utilize culture-based approaches, as most do not have the resources to pay for the services on a fee-for-service basis. Reducing health disparities among Native populations is not a quick fix, and healing can help move individuals from surviving to living a full and joyous life. This renaissance movement is catching fire in Indian Country, and it is exciting and impossible to resist. It is a demonstration of the resiliency of Native people of North America. The healing movement continues as AI/AN people are thriving and moving beyond surviving.

In the words used to inspire others,

> "Cry, heal, forgive, and let your tears be the food that waters your future happiness…"

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About the Author

Clayton Small, PhD, has been an elementary, middle, and high school principal on reservations and in urban communities. He has been a faculty member at the University of New Mexico, University of Montana, and Gonzaga University and has served as a CEO for Indian Health Services and directed several nonprofit organizations.

His organization, Native PRIDE, provides prevention, wellness, healing, and leadership training throughout Indian Country. He has developed prevention programs for the Bureau of Indian Affairs, Indian Health Services, SAMHSA, and the Department of Justice. He has comprehensive knowledge and experience in community mobilization, strategic visioning, Indian education, organizational development, youth leadership, prevention, wellness/healing, team trust building, cultural competency, and creating positive change.

Dr. Small conducts training and facilitation nationally and internationally. His programs offer leadership and hope for American Indian, Alaska Native, and First Nations people. Contact claytonsmall@aol.com.

OJJDP's Online University Offering Tribal Community Partnerships Training

OJJDP's Online University is offering training for professionals and staff who work in programs for tribal youth. "Introduction to Community Collaborative Partnerships" is online training on how to establish and improve collaborative partnerships in Native communities that support tribal youth programs. A learning certificate is available upon completion of the course. OJJDP's Online University will release two additional courses later this year that will look at effective community partnerships to create alternatives to the detention of tribal youth.

Resources:

Register for the Online University to access this course and others:
https://www.nttac.org/index.cfm?event=trainingCenter.traininginfo&eventID=596&from=training&dtab=3

View the marketing video for this course: http://vimeo.com/88020290

Learn more about OJJDP-funded programs for tribal youth: http://www.ojjdp.gov/programs/ProgSummary.asp?pi=52

Announcements

CDC Grants

- **CDC-RFA-DP14-1421PPHF14**
  PPHF 2014 Diabetes Prevention and Heart Disease & Stroke Prevention Program A Comprehensive Approach to Good Health and Wellness in Indian Country financed solely by 2014 Prevention and Public Health Funds

  Department of Health and Human Services
  Centers for Disease Control and Prevention

  July 22, 2014 Dates:
  1. Letter of Intent (LOI) Deadline: N/A
  2. Application Deadline: July 22, 2014 11:59 p.m. U.S. Eastern Daylight Time at www.grants.gov

- **The Notah Begay III Foundation's (NB3F) Native Strong** Healthy Kids, Healthy Futures national initiative is accepting proposals for its second round of Promising Program Grants. "These grants allow NB3F to partner with Native communities to strengthen existing youth focused physical activity and/or healthy nutrition programs and build capacity for program evaluation. For information on eligibility criteria, the full Request for Proposal (RFP) and the link to the online application. Deadline is July 14th.

  http://www.nb3foundation.org/promising-program-grant.html

Resources

The Attorney General's National Task Force on Children Exposed to Violence - Final report and recommendations

http://www.justice.gov/defendingchildhood/cev-executive-sum.pdf

SAMHSA News

- Spring 2014 edition of SAMHSA News that discusses the Circles of Care grant program and also a mention of the AI/AN Culture Card: http://beta.samhsa.gov/samhsaNewsletter/circles_of_care/
- Circles of Care program and the specific work of some previous grantees, please refer to the SAMHSA News article from November/December 2010 http://www.samhsa.gov/samhsaNewsletter/Volume_18_Number_6/CirclesOfCare.aspx

Native Wellness Institute's Year Long Approach to community healing and wellness will bring about major change and reinforcement in your community.
http://www.nativewellness.com/year-long-wellness-project.html

Database of Public Health Laws

- The featured databases are state medical marijuana laws and Naloxone overdose prevention laws, developed by the Public Health Law Research program of the Robert Wood Johnson Foundation. Lawatlas.org

Study

- American Indian and Alaska Native death rates nearly 50 percent greater than those of non-Hispanic whites http://www.cdc.gov/media/releases/2014/p0422-natamerican-deathrate.html

Red Lake Nation Highlights Culture as Prevention

- http://captus.samhsa.gov/access-resources/red-lake-nation-highlights-culture-prevention
- Center 4 Native American Youth YouTube Channel https://www.youtube.com/user/4NativeAmericanYouth?feature=watch
- Webinar on Synthetic Drugs http://www.addictionpro.com/webinar/emerging-drug-trends-2013-beyond-synthetics-and-bath-salts

Events

IHS Sexual Assault Examiner, Domestic Violence Examiner, and Pediatric Sexual Assault Examiner trainings for 2014

Registered nurses, advanced practice nurses, physicians, and physician assistants are invited to attend this training. Participants will learn the elements of conducting comprehensive adult/adolescent medical forensic examinations in cases involving sexual assault.

Registration is free to health care providers from IHS, Tribal, and Urban Indian health care facilities. Health care providers from referral facilities that serve American Indian or Alaska Native victims of sexual assault are also eligible to attend at no cost. Materials will be provided. Meals are not provided.

Visit www.tribalforensichealthcare.org to register today!

- **Medical-Legal Partnership: Improving Health through Legal Advocacy Webinar**
  July 17, 2014 at 3:30PM (ET)

  Register for Webinar
  http://ihs.adobeconnect.com/medical-legal/
  Passcode: Partnership

- **Sexual Assault Examiner Training – Clinical – All in Colorado Springs, CO**
  - September 11-12, 2014
  - November 6-7, 2014
  - February 5-6, 2015

- **Domestic Violence Examiner Training – Classroom Based**
  - September 10-12, 2014 Billings, MT
  - November 17-19, 2014 Phoenix, AZ

- **Pediatric Sexual Assault Examiner Training – Classroom Based**
  - August 4-8, 2014 Anchorage, AK
  - August 18-22, 2014 Billings, MT
  - December 8-12, 2014 Phoenix, AZ

- **Department of Justice's National Indian Country Training Initiative**
  The Department of Justice's National Indian Country Training Initiative is pleased to announce that it is sponsoring the Investigation and Prosecution of Child Fatalities, Neglect, and Abuse Seminar. The seminar will be held July 14-18, 2014, at the National Advocacy Center in Columbia, South Carolina. Travel and lodging accommodations will be provided by the Office of Legal Education. Investigation and Prosecution of Child Fatalities, Neglect, and Abuse Seminar Columbia, South Carolina.

Office of Tribal Justice Support Assists Tribal Justice Systems

In 1994, the Office of Tribal Justice Support (TJS) was statutorily created in the Bureau of Indian Affairs to further the development, operation and enhancement of tribal justice systems and Courts of Indian Offenses. Located within the Office of Justice Services, TJS assists tribal judicial systems in many ways. It provides funds to Indian Tribes and tribal organizations for the development, enhancement and continued operation of tribal justice systems, including traditional tribal justice systems. They also oversee the continuing operation of CFR(?) Courts; provides training and technical assistance, and conducts tribal court surveys/assessments.

In the past two years, TJS has emphasized the importance of providing sustainable funding to tribal courts. Thus, the two TJS programs focus on all the directives. These are: (1) Tribal Court Assessments, which provide specific training and technical assistance through a strategic action plan and supported through one-time funding opportunities; and (2) the Tribal Court Advocacy Training Sessions, which, to date, have trained over 400 tribal court personnel throughout Indian Country in 18 training sessions .

Training sessions are specifically designed for tribal court practitioners, tribal judges, tribal prosecutors, and tribal defenders, along with other court personnel. They incorporate a "learn by doing" model where students take an active role in learning trial skills through performance and constructive feedback from experienced tribal court personnel serving as instructors.

Tribal Court Assessments

Tribal Court Assessments are intended to evaluate tribal court needs and provide tribal courts with recommendations for improving their operational activities, if needed. Assessments include a five-step process and follow the Trial Court Performance Standards (TCPS), which have been modified to meet the specific needs of tribal courts.

The TCPS incorporates a framework for defining and understanding the effectiveness of tribal courts by focusing attention on performance self-assessment, and self-improvement through a 3-5 year strategic plan, a guide for Tribes to self-assess and prioritize needs. Some of these needs will be funded through TJS's one-time funding process.

Possible one-time funding opportunities include: court management systems, alcohol monitoring systems, court equipment, such as computers, printers, cameras, and recording systems; training opportunities and consultant services for the development of codes; court clerk manuals, bench books, rules for procedures, and training initiatives.

TJS anticipates over 20 assessments will be completed before the end of the fiscal year. For Tribes interested in this opportunity, please contact Babette E. Herne, National Tribal Court Review Coordinator, Office of Justice Services, Trial Justice Support at babette.herne@bia.gov. Brochures about the process are available on request.

Assessment Process:

Step 1: Documentation Gathering
Prior to the initial visit, TJS will request documents such as the tribal constitution, tribal codes, and tribal court procedures.

Step 2: Initial Visit
TJS will conduct an initial visit to meet tribal officials, review the process, and begin collecting information.

Step 3: 3-Day Onsite Assessment
During this 3-day visit, the TJS assessment team observes court proceedings, reviews case files, and schedules time with key stakeholders in the tribal court system. The assessment team will provide preliminary findings on the main themes that emerged during the assessment. Should there be an immediate funding need based on the preliminary findings, TJS will highly consider providing one time funding at this juncture on an as needed basis.

Step 4: Present Findings and Recommendations
TJS will then present the report with findings and recommendations to the tribal chairman, tribal council, or individuals the tribal chairman designates.

Step 5: Follow-up and Next Steps
Thereafter, the tribe and TJS will work together based on the priorities of the tribe

Contributing Agencies

Newsletter Contact Information

If you have any questions, concerns, or would like to contribute to this newsletter, please contact:

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